



# THE UNIVERSITY OF ARIZONA HEALTH PLANS

University Care Advantage



## **Formulario Condensado**

**Condados de Cochise, Maricopa, Pima, Pinal y Santa Cruz**

# University Care Advantage

## Formulario 2012

(Lista de Medicamentos Bajo Cobertura)

### **FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

**Aviso para miembros actuales:** Este formulario ha cambiado desde el año pasado. Favor de revisar este documento para asegurarse de que aún contiene los medicamentos que toma.

Este documento incluye un formulario parcial de University Care Advantage a partir del 1 de enero del 2012. Para un formulario completo y actualizado, favor de ir a la página Web en [www.universitycareadvantage.com](http://www.universitycareadvantage.com) o llamar a la línea gratis de 8:00 a.m. a 8:00 p.m., 7 días a la semana.

Condado Maricopa (877) 874-3935  
Condados Cochise, Pima, Pinal y Santa Cruz (877) 874-3930  
Usuarios de TTY/TDD deben llamar gratis al (800) 367-8939

Los beneficiarios deben usar las farmacias de la red para tener acceso a los beneficios de medicamentos recetados. Los beneficios, el formulario, farmacias en la red, la prima, y/o copagos/coseguros pueden cambiar el 1 de enero del 2012.

*“Un plan de Cuidados Coordinados con un contrato de Medicare Advantage y un contrato con el programa de Arizona Medicaid.”*

This information is available for free in other languages. Please contact our Customer Care Center in Maricopa County at (877) 874-3935 and in Pima County at (877) 874-3930 for additional information. TTY users should call (800) 367-8939. Hours are 8:00 a.m. to 8:00 p.m., 7 days a week. Our Customer Care Center has free language interpreter services available for non-English speakers.

Esta información está disponible gratis en otros idiomas. Favor de llamar a nuestro Centro de Atención al Cliente en el Condado Maricopa al (877) 874-3935 y en el Condado Pima al (877) 874-3930 para más información. Usuarios TTY deben llamar al (800) 367-8939. Nuestro horario de servicio es de 8:00a.m. a 8:00p.m., 7 días a la semana. Nuestro Centro de Atención al Cliente tiene servicios gratuitos de intérpretes para personas que no hablan inglés.

## ¿Qué es el Formulario de University Care Advantage?

Un formulario es una lista de medicamentos bajo cobertura seleccionados por University Care Advantage bajo consulta de un equipo de proveedores de cuidados de la salud, lo cual representa terapias bajo receta médica las cuales se cree son una parte necesaria de un programa de tratamientos de calidad. University Care Advantage por lo general cubre los medicamentos en lista en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta médica sea surtida en una farmacia de la red de University Care Advantage, y se sigan otros reglamentos del plan. Para más información de cómo surtir sus recetas médicas, favor de revisar su Evidencia de Cobertura.

Este documento es un formulario parcial e incluye únicamente algunos de los medicamentos bajo cobertura por University Care Advantage, favor de ir a la página Web en [www.universitycareadvantage.com](http://www.universitycareadvantage.com) o llamar a la línea gratis de 8:00 a.m. a 8:00 p.m., 7 días a la semana.

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## ¿Puede cambiar el Formulario?

Generalmente, si usted está tomando un medicamento del formulario 2011 que estaba bajo cobertura al principio del año, no vamos a discontinuar o reducir la cobertura de ese medicamento durante la cobertura del 2012 excepto cuando un medicamento nuevo y de menos costo esté disponible o cuando nueva información adversa sobre la seguridad o efectividad de ese medicamento se informe. Otros tipos de cambios al formulario, tal como quitar un medicamento del formulario, no van a afectar a miembros que están actualmente tomando el medicamento. Permanecerá disponible al mismo costo compartido para esos miembros que lo están tomando el resto del año de cobertura. Sentimos que es importante que usted tenga acceso continuo por el resto del año de cobertura a los

medicamentos del formulario que estaban disponibles cuando usted seleccionó nuestro plan, excepto en casos en donde usted puede ahorrarse dinero o nosotros podemos asegurarle su seguridad.

Si nosotros quitamos medicamentos de nuestro formulario, o agregamos un requisito de autorización previa, límites en cantidad y/o restricciones de terapia por etapas en un medicamento o cambiamos un medicamento a una etapa de costos compartidos más altos, debemos notificar a los miembros que serán afectados por el cambio por lo menos 60 días antes de que el cambio entre en vigor, o al tiempo en que el miembro pida un relleno del medicamento, por lo cual se le dará un suministro de 60 días del medicamento. Si la Administración del Medicamento y Alimentos (FDA, por sus siglas en inglés) determinan que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento lo retira del mercado, nosotros vamos a quitar el medicamento de inmediato del formulario y a dar un aviso a miembros que estén tomando el medicamento. El formulario incluido está al corriente a partir del 1 de enero de 2012. Para obtener información actualizada sobre los medicamentos bajo cobertura por University Care Advantage, favor de ir a la página Web en [www.universitycareadvantage.com](http://www.universitycareadvantage.com) o llame al Centro de Atención al Cliente a la línea gratis de 8:00 a.m. a 8:00 p.m., 7 días a la semana.

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El formulario de University Care Advantage es actualizado cada mes (si aplica algún cambio) en nuestra página Web en [www.universitycareadvantage.com](http://www.universitycareadvantage.com). La Fe de Errata con los cambios aparece en frente del formulario en la página Web. La Fe de Errata también es puesta al frente de los formularios impresos. Si a usted le gustaría una edición impresa del formulario incluyendo la fe de errata, favor de llamar al Centro de Atención al Cliente al número que aparece arriba.

## ¿Cómo uso el Formulario?

Hay dos métodos de como encontrar su medicamento dentro del formulario:

### **Condición Médica**

El formulario comienza en la página 1. Los medicamentos en este formulario están en grupo por categorías dependiendo en el tipo de condiciones médicas que se usan. Por ejemplo, medicamentos usados para tratar una condición del corazón están en lista bajo la categoría, Medicamentos Cardiovascular. Si usted sabe para que se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Después busque bajo el nombre de la categoría por su medicamento.

### **Lista por Alfabeto**

Si usted no está seguro en que categoría buscar, usted debe buscar su medicamento en el Índice que comienza en la página 52. El Índice le ofrece una lista por alfabeto de todos los medicamentos incluidos en este documento. Ambos tipos de medicamentos, los de marca y los genéricos, están en lista en el Índice. Busque en el Índice para encontrar su medicamento. En seguida de su medicamento, usted verá el número de la página en donde puede encontrar información sobre cobertura. Vaya a la página anotada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

University Care Advantage cubre ambos tipos de medicamentos, los de marca y los genéricos. Un medicamento genérico está aprobado por la Administración de Medicamentos y Alimentos (FDA, por sus siglas en inglés) como tener los mismos ingredientes activos que un medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## ¿Hay alguna restricción en mi cobertura?

Algunos medicamentos bajo cobertura pueden tener requisitos adicionales o límites en cobertura. Estos requisitos y límites pueden incluir:

### **Autorización Previa**

University Care Advantage requiere que usted, o su médico obtengan autorización previa para ciertos medicamentos. Esto quiere decir que usted va a necesitar obtener aprobación de parte de University Care Advantage antes de surtir sus medicamentos. Si usted no obtiene aprobación, University Care Advantage podría no cubrir el medicamento.

### **Límites de Cantidades**

Para ciertos medicamentos, University Care Advantage limita la cantidad del medicamento que University Care Advantage va a cubrir. Por ejemplo, University Care Advantage ofrece 2 unidades por receta médica del medicamento EMEND. Esto puede ser además de un suministro estándar de un mes o tres meses.

### **Terapia por Etapa**

En algunos casos, University Care Advantage requiere que usted primero use ciertos tipos de medicamentos para tratar su condición médica. Por ejemplo, si ambos, el Medicamento A y el Medicamento B, se usan para tratar su condición médica, University Care Advantage puede no cubrir el Medicamento B a menos que usted pruebe el Medicamento A primero. Si el Medicamento A no funciona para usted, University Care Advantage entonces cubrirá el Medicamento B.

Usted puede darse cuenta si su medicamento tiene cualquier requisito o límite adicional al ver el formulario que empieza en la página 1. Usted también puede obtener más información sobre las restricciones que aplican a medicamentos bajo cobertura específica al ir a la página Web en [www.universitycareadvantage.com](http://www.universitycareadvantage.com).

Usted puede pedirle a University Care Advantage que haga una excepción a estas restricciones o límites. Vea la sección “¿Cómo pido una excepción al formulario de University Care Advantage?” en la página iv para obtener información sobre como pedir una excepción.

## ¿Qué si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en la lista de medicamentos bajo cobertura, debe primero

contactar al Centro de Atención al Cliente y preguntar si su medicamento está bajo cobertura. Este documento incluye únicamente una lista parcial de medicamentos bajo cobertura, de manera que University Care Advantage puede tener su medicamento bajo cobertura. Usted puede contactar al Centro de Atención al Cliente a la línea gratis de 8:00 a.m. a 8:00 p.m., 7 días a la semana.

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Si se entera que University Care Advantage no cubre su medicamento, usted tiene dos opciones:

- Le puede pedir al Centro de Atención al Cliente una lista de medicamentos similares que si están bajo cobertura por University Care Advantage. Cuando reciba la lista, enséñesela a su doctor y pídale que le recete un medicamento similar que esté bajo cobertura por University Care Advantage.
- Le puede pedir a University Care Advantage que haga una excepción y cubra su medicamento. Vea abajo para obtener información de cómo pedir una excepción.

## ¿Cómo pido una excepción sobre el formulario de University Care Advantage?

Usted le puede pedir a University Care Advantage que haga una excepción a las reglas de cobertura. Hay varios tipos de excepciones que nos puede pedir que hagamos.

- Usted puede pedirnos que cubramos su medicamento aún si no está en nuestro formulario.
- Usted puede pedirnos que hagamos una excepción al las restricciones o límites en su medicamento. Por ejemplo, para ciertos medicamentos, University Care Advantage limita la cantidad del medicamento que

cubrimos. Si su medicamento tiene límite en cantidad, puede pedirnos una excepción sobre el límite y que cubramos más.

- Usted puede pedirnos que le demos un nivel más alto de cobertura en su medicamento. Si su medicamento está en nuestra etapa más alta/sin preferencia sujeta a la etapa de procesos de excepciones, usted puede pedirnos que en vez lo cubramos a la cantidad de costos compartidos que aplica a los medicamentos en la etapa más baja/preferencial sujeta a la etapa de procesos de excepciones. Esto bajaría la cantidad que usted debe pagar por su medicamento. Por favor note que si nosotros le concedemos su petición de cubrir su medicamento que no está en nuestro formulario, usted no puede pedirnos un nivel de cobertura más alta por su medicamento.

En general, University Care Advantage solo aprobará su petición por una excepción si el medicamento alternativo incluido en el formulario del plan, el medicamento en la etapa más baja o las restricciones de utilización adicional no sería efectivo en tratar su condición y/o le causarían a tener efectos médicos adversos.

Usted debe contactarnos para pedirnos una decisión de cobertura inicial por una excepción en el formulario, las etapas de medicamentos, o restricción de uso. **Cuando usted está solicitando una excepción en el formulario, etapas de medicamentos, o restricción de uso, usted debe presentar una declaración de quien le receto o de su médico en apoyo a su petición.** En general, nosotros debemos tomar una decisión dentro de 72 horas de haber recibido la declaración de apoyo de su médico quien le ha recetado. Usted puede solicitar una excepción rápida si usted o su doctor creen que su salud pudiera ser dañada seriamente al tener que esperar hasta 72 horas por una decisión. Si su petición de ser acelerada es concedida, nosotros debemos darle una decisión no más de 24 horas después de recibir la declaración de apoyo de su médico quien le ha recetado.

## ¿Qué debo hacer antes de hablar con mi doctor sobre cambiar mis medicamentos o pedir una excepción?

Como miembro nuevo o continuo en nuestro plan, usted puede estar tomando medicamentos que no están en nuestro formulario. O, usted puede estar tomando un medicamento que si está en nuestro formulario pero su capacidad de obtenerlo es limitado. Por ejemplo, usted puede necesitar de una autorización previa de nosotros antes de surtir su receta médica. Usted deba hablar con su doctor para decidir si usted debe cambiar a un medicamento más apropiado que nosotros cubrimos o pedir una excepción al formulario para que nosotros podamos cubrir el medicamento que toma. Mientras habla con su doctor para determinar el mejor curso a seguir para usted, nosotros podríamos cubrir su medicamento en ciertos casos durante los primeros 90 días que usted es miembro de nuestro plan.

Por cada uno de sus medicamento que no esté en nuestro formulario o si su capacidad de obtener los medicamentos es limitado, nosotros vamos a cubrir un suministro temporal de 30 días (a menos que su receta médica sea por menos días) cuando usted vaya a una farmacia de la red. Después de su primer suministro de 30 días, nosotros no vamos a pagar por estos medicamentos, aún si usted ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de cuidados a largo plazo, nosotros vamos a permitirle un relleno de receta médica hasta que le hayamos proveído un suministro de transición de 91 días, consistente con un incremento dispensario, (a menos que usted tenga una receta médica por menos días). Vamos a cubrir más de un relleno de estos medicamentos por los primeros 90 días que usted sea miembro de nuestro plan. Si usted necesita un medicamento que no está en nuestro formulario o si su capacidad de obtener su medicamentos es limitada, pero usted ya se pasó los primeros 90 días de membresía con nuestro plan, nosotros vamos a cubrir un suministro de emergencia de 31 días por ese medicamento (a menos que su receta médica sea por menos días mientras usted solicita la excepción al formulario.

## Para más información

Para información con más detalle sobre su cobertura de medicamentos de University Care Advantage, favor de repasar su Evidencia de Cobertura y otros documentos sobre el plan. Si tiene preguntas sobre University Care Advantage, usted puede contactar a nuestro Centro de Atención al Cliente en nuestra línea gratis de 8:00 a.m. a 8:00 p.m., 7 días a la semana.

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O vaya a [www.universitycareadvantage.com](http://www.universitycareadvantage.com).

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, favor de llamar a Medicare al 1-800-MEDICARE (1-800-633-4227) 24 horas al día/7 días a la semana. Usuarios TTY/TDD deben llamar al 1-877-486-2048, ó ir a la página Web [www.medicare.gov](http://www.medicare.gov).

## Formulario de University Care Advantage

El formulario corto a continuación le ofrece información sobre la cobertura de algunos de los medicamentos bajo cobertura por University Care Advantage. Si usted tiene problemas para encontrar un medicamento en la lista, vaya al Índice que comienza en la página 52. Recuerde; Este es solo una lista parcial de los medicamentos bajo cobertura por University Care Advantage. Si su receta médica no está en este formulario parcial, favor de ir a la página Web en [www.universitycareadvantage.com](http://www.universitycareadvantage.com) o llame al Centro de Atención al Cliente a la línea gratis de 8:00 a.m. a 8:00 p.m., 7 días a la semana.

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La primera columna en esta gráfica pone en lista el nombre de medicamento. Los medicamentos de marca están con mayúsculas (por ejemplo, LIDODERM) y los medicamentos genéricos están en lista en minúsculas y letra itálica (e.g., *lidocaine-prilocaine*).

La información en la columna de Requisitos/Límites le dice si University Care Advantage tiene algún requisito especial para cubrir su medicamento.

## Índice de Medicamentos

Esto no es una lista completa de medicamentos bajo cobertura del plan por la Parte D. Para una lista completa, favor de llamar a nuestro Centro de Atención al Cliente a la línea gratis de 8:00 a.m. a 8:00 p.m., 7 días a la semana.

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El símbolo [INJ] en seguida del nombre del medicamento indica que el medicamento está disponible en forma inyectable.

El símbolo [G] en seguida del nombre del medicamento indica que el medicamento está disponible en forma genérica.

El símbolo [LA] en seguida del nombre del medicamento indica que el medicamento está anotado como restringido de ciertas farmacias por la Administración de Medicamentos y Alimentos (FDA, por sus siglas en inglés). Estos medicamentos únicamente pueden ser obtenidos específicamente en farmacias designadas a poder manejar estos medicamentos.

El símbolo [PAR] en la columna de Requisitos/Límites indica que puede requerir de una autorización previa.

El símbolo [QLL] en la columna de Requisitos/Límites indica que las cantidades administradas pueden tener límites.

El símbolo [ST] en la columna de Requisitos/Límites indica que terapia por etapas puede aplicar.

# OTC Drug Table

Drug	Generic	Tier	Restrictions
<b>MEDICAL (MISCELLANEOUS) SUPPLIES</b>			
<b>DIABETIC SUPPLIES</b>			
ACCU-CHEK ACTIVE		2	
ACCU-CHEK ADVANTAGE		2	
ACCU-CHEK AVIVA		2	
ACCU-CHEK COMBINATION PACKAGE, -ACTIVE METER, -AVIVA METER, -AVIVA SOLUTION, -COMPACT PLUS METER, -ACTIVE CARE KIT, -ADVANTAGE KIT, -AVIVA MONITORING KIT, -COMPACT PLUS KIT		2	
ACCU-CHEK COMFORT CURVE		2	
ACCU-CHEK COMPACT		2	
ACCU-CHEK III		2	
ACCU-CHEK INSTANT		2	
FAST TAKE		2	
ONE TOUCH BASIC SYSTEM		2	
ONE TOUCH TEST STRIPS		2	
ONE TOUCH ULTRA 2		2	
ONE TOUCH ULTRA SMART		2	
ONE TOUCH ULTRA SYSTEM		2	
ONE TOUCH ULTRA TEST STRIPS		2	
ONE TOUCH ULTRAMINI		2	
SURESTEP		2	

## General Drug Table

Drug	Generic	Tier	Requirements/ Limits
<b>ANESTHETICS</b>			
<b>LOCAL ANESTHETICS</b>			
<i>lidocaine hcl 0.5% vial, -1% vial [INJ]</i>		1	
<b>TOPICAL ANESTHETICS</b>			
<i>lidocaine hcl jel, -ointment, -solution non-oral</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	[PAR]
<b>ANTIINFECTIVES</b>			
<b>AMEBICIDES</b>			
<i>paromomycin sulfate</i>		1	
<b>AMINOGLYCOSIDES</b>			
<i>amikacin sulfate injection [INJ]</i>		1	
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -60 mg/ns 50 ml pb, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb [INJ]</i>		1	
<i>gentamicin sulfate injection [INJ]</i>		1	
<i>iso gentamicin 100 mg/100 ml, -isoton gentamicin 60 mg/50 ml, -isoton gentamicin 80 mg/50 ml [INJ][G]</i>		1	
<i>kanamycin sulfate injection [INJ]</i>		1	
<i>neomycin sulfate tablet</i>		1	
TOBI	<i>tobramycin/sodium chloride</i>	3	[PAR][QLL, 56/28]
<i>tobramycin sulfate in ns [INJ]</i>		1	
<i>tobramycin sulfate injection [INJ]</i>		1	
<b>ANTHELMINTICS</b>			
ALBENZA	<i>albendazole</i>	2	
<i>mebendazole tablet chewable</i>		1	
STROMEKTOL	<i>ivermectin</i>	2	
<b>ANTIINFECTIVES SPECIALIZED INDICATIONS</b>			
DAPSONE TABLET	<i>dapsone</i>	2	
<i>metronidazole capsule, -tablet</i>		1	
<i>metronidazole injection [INJ]</i>		1	
<b>ANTIRETROVIRALS AND PROTEASE INH</b>			
APTIVUS	<i>tipranavir</i>	3	

<b>Drug</b>	<b>Generic</b>	<b>Tier</b>	<b>Requirements/ Limits</b>
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	3	
COMBIVIR	<i>lamivudine/zidovudine</i>	3	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EDURANT	<i>rilpivirine hydrochloride</i>	3	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	3	
FUZEON [INJ]	<i>enfuvirtide</i>	3	
INCIVEK	<i>telaprevir</i>	3	
INTELENCE	<i>etravirine</i>	3	
INVIRASE	<i>saquinavir mesylate</i>	3	
ISENTRESS	<i>raltegravir potassium</i>	3	
KALETRA 100-25 MG TABLET	<i>ritonavir/lopinavir</i>	2	
KALETRA SOLUTION, -200-50 MG TABLET	<i>ritonavir/lopinavir</i>	3	
LEXIVA SUSPENSION ORAL	<i>fosamprenavir calcium</i>	2	
LEXIVA TABLET	<i>fosamprenavir calcium</i>	3	
NORVIR	<i>ritonavir</i>	2	
PREZISTA 400 MG TABLET, -600 MG TABLET	<i>darunavir ethanolate</i>	3	
PREZISTA 75 MG TABLET, -150 MG TABLET	<i>darunavir ethanolate</i>	2	
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION [INJ]	<i>zidovudine</i>	2	
REYATAZ 100 MG CAPSULE	<i>atazanavir sulfate</i>	2	
REYATAZ 150 MG CAPSULE, -200 MG CAPSULE, -300 MG CAPSULE	<i>atazanavir sulfate</i>	3	
SELZENTRY	<i>maraviroc</i>	3	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	3	
TRUVADA	<i>emtricitabine/tenofovir</i>	3	
VICTRELIS	<i>boceprevir</i>	3	[PAR]
VIDEX	<i>didanosine</i>	2	
VIRACEPT 625 MG TABLET	<i>nelfinavir mesylate</i>	3	
VIRACEPT POWDER, -250 MG TABLET	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	

Drug	Generic	Tier	Requirements/ Limits
VIRAMUNE XR	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	3	
ZIAGEN	<i>abacavir sulfate</i>	2	
<i>zidovudine</i>		1	

## ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE [INJ]	<i>capreomycin</i>	2	
<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid injection</i> [INJ]		1	
<i>isoniazid syrup, -tablet</i>		1	
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	2	
PRIFTIN	<i>rifapentine</i>	2	
<i>pyrazinamide</i>		1	
<i>rifampin capsule</i>		1	
<i>rifampin injection</i> [INJ]		1	
SEROMYCIN	<i>cycloserine</i>	2	
TRECATOR	<i>ethionamide</i>	2	

## CEPHALOSPORINS

<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm vial, -1 gm-d5w bag</i> [INJ]		1	
<i>cefdinir</i>		1	
<i>cefepime hcl</i> [INJ]		1	
<i>cefotaxime sodium</i> [INJ]		1	
<i>cefotetan</i> [INJ]		1	
<i>cefoxitin</i> [INJ]		1	
<i>cefoxitin sodium</i> [INJ]		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime</i> [INJ]		1	
<i>ceftriaxone</i> [INJ]		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i> [INJ]		1	
<i>cefuroxime tablet</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>cephalexin</i>		1	
SUPRAX	<i>cefixime</i>	2	
<b>CHLORAMPHENICOLS</b>			
<i>chloramphenicol sod succinate</i> [INJ]		1	
<b>CLINDAMYCINS</b>			
<i>clindamycin hcl capsule</i>		1	
<i>clindamycin phosphate injection</i> [INJ]		1	
<b>ERYTHROMYCINS</b>			
E.E.S. 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 400	<i>erythromycin ethylsuccinate</i>	2	
ERY-TAB	<i>erythromycin base</i>	2	
ERYTHROCIN LACTOBIONATE [INJ]	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	
<i>erythromycin tablet</i>		1	
<b>ORAL ANTIFUNGAL DRUGS</b>			
ANCOBON	<i>flucytosine</i>	3	
<i>clotrimazole troche</i>		1	
<i>fluconazole 150 mg tablet</i>		1	[QLL, 2/7]
<i>fluconazole 50 mg tablet, -100 mg tablet, -200 mg tablet</i>		1	[PAR]
<i>fluconazole suspension</i>		1	
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
<i>griseofulvin suspension oral</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	[PAR] [QLL, 136/34]
<i>ketoconazole tablet</i>		1	
LAMISIL PACKET	<i>terbinafine</i>	2	
NOXAFIL	<i>posaconazole</i>	3	
<i>nystatin suspension oral, -500,000 unit oral tab</i>		1	
SPORANOX SOLUTION	<i>itraconazole</i>	2	
<i>terbinafine hcl</i>		1	[PAR]
VFEND SUSPENSION	<i>voriconazole</i>	3	[PAR]
<i>voriconazole 200 mg tablet</i>		3	[PAR]
<i>voriconazole 50 mg tablet</i>		1	[PAR]

Drug	Generic	Tier	Requirements/ Limits
<b>OTHER ANTIINFECTIVE DRUGS</b>			
ALINIA	<i>nitazoxanide</i>	2	
<i>aztreonam 1 gm vial</i> [INJ]		1	
<i>bacim</i> [INJ]		1	
<i>bacitracin injection</i> [INJ]		1	
CAYSTON [LA]	<i>aztreonam lysine</i>	3	[QLL, 84 vials/28]
<i>colistimethate 150 mg vial</i> [INJ]		3	
CUBICIN [INJ]	<i>daptomycin</i>	3	[PAR]
DORIBAX 500 MG VIAL [INJ]	<i>doripenem</i>	3	
INVANZ 1 GM VIAL [INJ]	<i>ertapenem sodium</i>	2	
MEPRON	<i>atovaquone</i>	3	
<i>meropenem</i> [INJ]		1	
<i>polymyxin b sulfate injection</i> [INJ]		1	
PRIMAXIN [INJ]	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN I.M. [INJ]	<i>imipenem/cilastatin sodium</i>	2	
SYNERCID [INJ]	<i>quinupristin/dalfopristin</i>	3	
TYGACIL [INJ]	<i>tigecycline</i>	2	
VANCOCIN HCL	<i>vancomycin</i>	3	
<i>vancomycin 500 mg a/v vial, -1 gm vial, -10 gm vial</i> [INJ]		1	[PAR]
XIFAXAN 200 MG TABLET	<i>rifaximin</i>	2	
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	3	
ZYVOX INJECTION [INJ]	<i>linezolid</i>	3	
ZYVOX SUSPENSION RECONSTITUTED ORAL, -TABLET	<i>linezolid</i>	3	[PAR]

### OTHER ANTIVIRAL DRUGS

<i>acyclovir capsule, -suspension oral, -tablet</i>		1	
<i>acyclovir sodium</i> [INJ]		1	
<i>amantadine</i>		1	
BARACLUDGE SOLUTION	<i>entecavir</i>	2	
BARACLUDGE TABLET	<i>entecavir</i>	3	
DENAVIR	<i>penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir 125 mg tablet</i>		1	[QLL, 21/10]
<i>famciclovir 250 mg tablet</i>		1	[QLL, 68/34]
<i>famciclovir 500 mg tablet</i>		1	[QLL, 21/7]
<i>foscarnet sodium</i> [INJ]		1	
<i>ganciclovir 250 mg capsule</i>		1	
<i>ganciclovir 500 mg capsule</i>		3	

Drug	Generic	Tier	Requirements/ Limits
<i>ganciclovir sodium</i> [INJ]		1	
HEPSERA	<i>adefovir dipivoxil</i>	3	
RELENZA	<i>zanamivir</i>	2	[QLL, 60 inhalations/180]
<i>ribapak</i>		3	
<i>ribasphere 400 mg tablet, -600 mg tablet</i>		3	
<i>ribasphere capsule, -200 mg tablet</i>		1	
<i>ribavirin capsule, -tablet</i>		1	
<i>rimantadine hcl</i>		1	
TAMIFLU 30 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 84/180]
TAMIFLU 45 MG GELCAP, -75 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 42/180]
TAMIFLU SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 900 ml/180]
TYZEKA	<i>telbivudine</i>	3	
<i>valacyclovir</i>		1	[QLL, 34/34]
VALCYTE	<i>valganciclovir</i>	3	
VIRAZOLE [INJ]	<i>ribavirin</i>	2	
XERESE	<i>acyclovir/hydrocortisone</i>	2	
ZOVIRAX CREAM, -OINTMENT	<i>acyclovir</i>	2	

## OTHER MACROLIDES

<i>azithromycin 100 mg/5 ml susp</i>		1	[QLL, 30 ml/5]
<i>azithromycin 200 mg/5 ml susp</i>		1	[QLL, 90 ml/5]
<i>azithromycin 250 mg tablet</i>		1	[QLL, 8/7]
<i>azithromycin 500 mg tablet</i>		1	[QLL, 4/4]
<i>azithromycin 600 mg tablet</i>		1	
<i>azithromycin injection</i> [INJ]		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

## OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>		1	
<i>ciclopirox solution non-oral</i>		1	[PAR]
<i>clotrimazole 1% cream, -solution non-oral</i>		1	
<i>clotrimazole af 1% cream</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketokonazole cream, -shampoo</i>		1	
<i>nyamyc</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>nystatin cream, -ointment, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

## PARENTERAL ANTIFUNGALS

ABELCET [INJ]	<i>amphotericin b lipid complex</i>	3	
AMBISOME [INJ]	<i>amphotericin b liposome</i>	3	
<i>amphotericin b injection</i> [INJ]		1	
CANCIDAS [INJ]	<i>casposfungin acetate</i>	3	
<i>fluconazole in dextrose</i> [INJ]		1	
MYCAMINE [INJ]	<i>micafungin sodium</i>	3	
VFEND IV [INJ]	<i>voriconazole</i>	2	

## PENICILLINS

<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate er</i>		1	
<i>ampicillin sodium</i> [INJ]		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i> [INJ]		1	
<i>dicloxacillin sodium</i>		1	
<i>nafcellin</i> [INJ]		3	
<i>nafcellin 1 gm vial</i> [INJ]		1	
<i>nafcellin 10 gm bulk vial, -10 gm vial</i> [INJ]		3	
<i>oxacillin 1 gm vial</i> [INJ]		1	
<i>oxacillin 1 gm/ 50 ml inj</i> [INJ]		1	
<i>oxacillin 10 gm vial</i> [INJ]		3	
<i>oxacillin 2 gm/ 50 ml inj</i> [INJ]		3	
<i>penicillin g potassium</i> [INJ]		1	
<i>penicillin g procaine</i> [INJ]		1	
<i>penicillin g sodium</i> [INJ]		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i> [INJ]		1	
<i>piperacillin-tazobactam</i> [INJ]		1	

## PLASMODICIDES

<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
<i>hydroxychloroquine sulfate tablet</i>		1	

Drug	Generic	Tier	Requirements/ Limits
MALARONE	<i>atovaquone/proguanil hcl</i>	2	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	2	

## QUINOLONES

AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV [INJ]	<i>moxifloxacin</i>	2	
<i>ciprofloxacin [INJ]</i>		1	
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	
<i>ofloxacin tablet</i>		1	

## SULFONAMIDES

<i>erythromycin-sulfisoxazole</i>		1	
<i>sulfadiazine tablet</i>		1	
<i>sulfamethoxazole-trimethoprim injection [INJ]</i>		1	
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>		1	

## TETRACYCLINES

<i>demeclocycline hcl</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab, -tablet enteric coated</i>		1	
<i>doxycycline hyclate injection [INJ]</i>		1	
<i>doxycycline monohydrate</i>		1	
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>		1	
<i>tetracycline hcl capsule</i>		1	

## TOPICAL ANTIBACTERIAL DRUGS

<i>gentamicin sulfate cream, -0.1% ointment</i>		1	
<i>mupirocin ointment</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd</i>		1	
SULFAMYLON	<i>mafenide acetate</i>	2	
<i>thermazene</i>		1	

Drug	Generic	Tier	Requirements/ Limits
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### TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

<i>clotrimazole-betamethasone</i>		1	
<i>nystatin-triamcinolone</i>		1	

### URINARY ANTIINFECTIVES

<i>methenamine hippurate</i>		1	
<i>nitrofurantoin macrocrystal capsule</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin suspension oral</i>		1	
PRIMSOL	<i>trimethoprim</i>	2	
<i>trimethoprim tablet</i>		1	

### VAGINAL ANTIFUNGALS

<i>miconazole 3 suppository vaginal</i>		1	[QLL, 3/3]
<i>terconazole 0.4% cream</i>		1	[QLL, 45 gm/7]
<i>terconazole 0.8% cream</i>		1	[QLL, 20 gm/3]
<i>terconazole suppository vaginal</i>		1	[QLL, 3/3]

### ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

#### ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AFINITOR	<i>everolimus</i>	3	
ALIMTA [INJ]	<i>pemetrexed disodium</i>	3	
AMEVIVE [INJ][LA]	<i>alefacept</i>	3	[PAR]
<i>amifostine [INJ]</i>		3	
<i>anagrelide hcl</i>		1	
<i>anastrozole tablet</i>		1	
AVASTIN 100 MG/4 ML VIAL [INJ]	<i>bevacizumab</i>	2	
AZASAN	<i>azathioprine</i>	2	[PAR]
<i>azathioprine sodium [INJ]</i>		1	[PAR]
<i>azathioprine tablet</i>		1	[PAR]
<i>bicalutamide</i>		1	
CAMPATH [INJ]	<i>alemtuzumab</i>	3	
CEENU	<i>lomustine</i>	2	
CELLCEPT INJECTION [INJ]	<i>mycophenolate mofetil</i>	2	[PAR]
CELLCEPT SUSPENSION RECONSTITUTED ORAL	<i>mycophenolate mofetil</i>	3	[PAR]
<i>cyclophosphamide tablet</i>		1	[PAR]
<i>cyclosporine capsule, -solution</i>		1	[PAR]
<i>cyclosporine injection [INJ]</i>		1	[PAR]
<i>cyclosporine modified</i>		1	[PAR]
DACOGEN [INJ]	<i>decitabine</i>	3	

Drug	Generic	Tier	Requirements/ Limits
DEPO-PROVERA 400 MG/ML VIAL [INJ]	<i>medroxyprogesterone</i>	2	
DROXIA	<i>hydroxyurea</i>	2	
ELIGARD [INJ]	<i>leuprolide</i>	2	[PAR]
ELITEK [INJ]	<i>rasburicase</i>	3	
EMCYT	<i>estramustine phosphate sodium</i>	2	
ENBREL [INJ]	<i>etanercept</i>	3	[PAR][QLL, 10/35]
<i>exemestane</i>		1	
FARESTON	<i>toremifene</i>	2	
FASLODEX [INJ]	<i>fulvestrant</i>	3	
<i>flutamide</i>		1	
<i>gengraf</i>		1	[PAR]
GLEEVEC	<i>imatinib mesylate</i>	3	[PAR]
HALAVEN [INJ]	<i>eribulin mesylate</i>	3	
HEXALEN	<i>altretamine</i>	3	
HUMIRA 20 MG/0.4 ML SYRINGE, -40 MG/0.8 ML SYRINGE [INJ]	<i>adalimumab</i>	3	[PAR] [QLL, 5 syringes/35]
HUMIRA 40 MG/0.8 ML PEN, -PSORIASIS STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6/180]
HUMIRA CROHN'S STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6 syringes/180]
<i>hydroxyurea capsule</i>		1	
IRESSA [LA]	<i>gefitinib</i>	3	
<i>leflunomide</i>		1	[QLL, 34/34]
<i>letrozole</i>		1	
<i>leucovorin calcium injection</i> [INJ]		1	
<i>leucovorin calcium tablet</i>		1	
LEUKERAN	<i>chlorambucil</i>	2	
LYSODREN	<i>mitotane</i>	2	
MATULANE	<i>procarbazine</i>	3	
MEGACE ES	<i>megestrol</i>	2	
<i>megestrol acetate suspension oral, -tablet</i>		1	
<i>mercaptopurine tablet</i>		1	
<i>mesna</i> [INJ]		1	
MESNEX TABLET	<i>mesna</i>	3	
<i>methotrexate injection</i> [INJ]		1	[PAR]
<i>methotrexate tablet</i>		1	[PAR]

Drug	Generic	Tier	Requirements/ Limits
<i>mitoxantrone 25 mg/12.5 ml vl</i> [INJ]		1	[PAR]
<i>mycophenolate mofetil</i>		1	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	3	
NILANDRON	<i>nilutamide</i>	2	
<i>octreotide acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -1,000 mcg/ml vial</i> [INJ]		3	
<i>octreotide acet 50 mcg/ml amp, -acet 100 mcg/ml amp</i> [INJ]		1	
ORENCIA [INJ]	<i>abatacept/maltose</i>	3	[PAR]
ORTHOCLONE OKT-3 [INJ]	<i>muronab-cd3</i>	2	[PAR]
PROGRAF INJECTION [INJ]	<i>tacrolimus</i>	2	[PAR]
RAPAMUNE 2 MG TABLET	<i>sirolimus</i>	3	[PAR]
RAPAMUNE SOLUTION, -0.5 MG TABLET, -1 MG TABLET	<i>sirolimus</i>	2	[PAR]
REMICADE [INJ]	<i>infliximab</i>	3	[PAR]
REVLIMID [LA]	<i>lenalidomide</i>	3	
RITUXAN [INJ]	<i>rituximab</i>	3	[PAR]
SANDOSTATIN LAR 10 MG KIT, -30 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 1/28]
SANDOSTATIN LAR 20 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 2/28]
SIMULECT [INJ]	<i>basiliximab</i>	2	[PAR]
SPRYCEL	<i>dasatinib</i>	3	[PAR]
SUTENT	<i>sunitinib malate</i>	3	
TABLOID	<i>thioguanine</i>	2	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>		1	[PAR]
<i>tacrolimus 5 mg capsule</i>		3	[PAR]
<i>tamoxifen citrate tablet</i>		1	
TARCEVA	<i>erlotinib hcl</i>	3	
TARGRETIN	<i>bexarotene</i>	3	
TASIGNA 200 MG CAPSULE	<i>nilotinib hydrochloride</i>	3	[PAR]
TRELSTAR [INJ]	<i>triptorelin pamoate</i>	3	
<i>tretinoin capsule</i>		3	
TYKERB	<i>lapatinib ditosylate</i>	3	[PAR]
TYSABRI [INJ][LA]	<i>natalizumab</i>	3	[PAR]
VANDETANIB [LA]	<i>vandetanib</i>	3	
VELCADE [INJ]	<i>bortezomib</i>	3	
VIDAZA [INJ]	<i>azacitidine</i>	3	
VOTRIENT	<i>pazopanib</i>	3	

Drug	Generic	Tier	Requirements/ Limits
ZOLINZA	<i>vorinostat</i>	3	
ZORTRESS 0.25 MG TABLET	<i>everolimus</i>	2	[PAR]
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	<i>everolimus</i>	3	[PAR]
ZYTIGA	<i>abiraterone acetate</i>	3	

## AUTONOMIC AND CNS MEDICATIONS

### ANALGESICS

<i>buprenorphine hcl injection</i> [INJ]		1	
<i>butorphanol tartrate injection</i> [INJ]		1	
<i>nalbuphine hcl injection</i> [INJ]		1	
<i>tramadol hcl tablet</i>		1	[QLL, 272/34]
<i>tramadol hcl tablet sustained release 24hr</i>		1	[QLL, 34/34]
<i>tramadol hcl-acetaminophen</i>		1	[QLL, 272/34]

### ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		1	
EXELON PATCH TRANSDERMAL 24 HOURS, -SOLUTION	<i>rivastigmine tartrate</i>	2	[ST]
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
<i>rivastigmine</i>		1	

### ANTIMANIA DRUGS

<i>lithium</i>		1	
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>		1	

### ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate injection</i> [INJ]		1	
<i>benztropine mesylate tablet</i>		1	
<i>trihexyphenidyl hcl</i>		1	

### ANTIPSYCHOTIC DRUGS

ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET	<i>aripiprazole</i>	2	[QLL, 34/34]
ABILIFY 20 MG TABLET, -30 MG TABLET	<i>aripiprazole</i>	3	[QLL, 34/34]
ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL, 68/34]
ABILIFY INJECTION [INJ]	<i>aripiprazole</i>	2	
ABILIFY SOLUTION	<i>aripiprazole</i>	2	

Drug	Generic	Tier	Requirements/ Limits
<i>chlorpromazine hcl injection</i> [INJ]		1	
<i>chlorpromazine hcl tablet</i>		1	
<i>clozapine</i>		1	
FANAPT TABLET	<i>iloperidone</i>	2	[QLL, 68/34]
FANAPT TABLET DOSE PACK	<i>iloperidone</i>	2	[QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate</i> [INJ]		1	
<i>fluphenazine hcl elixir, -solution, -tablet</i>		1	
<i>fluphenazine hcl injection</i> [INJ]		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL, 68/34]
GEODON INJECTION [INJ]	<i>ziprasidone</i>	2	
<i>haloperidol decanoate</i> [INJ]		1	
<i>haloperidol lactate injection</i> [INJ]		1	
<i>haloperidol lactate solution</i>		1	
<i>haloperidol tablet</i>		1	
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	<i>paliperidone</i>	2	[QLL, 34/34]
INVEGA ER 6 MG TABLET	<i>paliperidone</i>	2	[QLL, 68/34]
INVEGA SUSTENNA 117 MG PREF SY, -156 MG PREF SY, -234 MG PREF SY [INJ]	<i>paliperidone</i>	3	
INVEGA SUSTENNA 39 MG PREF SYR, -78 MG PREF SYR [INJ]	<i>paliperidone</i>	2	
LATUDA	<i>lurasidone hcl</i>	2	[QLL, 34/34]
<i>loxapine</i>		1	
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR [INJ]	<i>risperidone</i>	2	
RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR [INJ]	<i>risperidone</i>	3	
<i>risperidone odt</i>		1	[QLL, 68/34]
<i>risperidone solution</i>		1	[QLL, 544 ml/34]
<i>risperidone tablet</i>		1	[QLL, 68/34]
SAPHRIS	<i>asenapine</i>	2	[QLL, 68/34]
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 102/34]

Drug	Generic	Tier	Requirements/ Limits
SEROQUEL 300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SEROQUEL XR 150 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 34/34]
SEROQUEL XR 50 MG TABLET, -300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA 15 MG TABLET, -20 MG TABLET	<i>olanzapine</i>	3	[QLL, 34/34]
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET, -10 MG TABLET	<i>olanzapine</i>	2	[QLL, 34/34]
ZYPREXA INJECTION [INJ]	<i>olanzapine</i>	2	
ZYPREXA ZYDIS 15 MG TABLET, -20 MG TABLET	<i>olanzapine</i>	3	[QLL, 34/34]
ZYPREXA ZYDIS 5 MG TABLET, -10 MG TABLET	<i>olanzapine</i>	2	[QLL, 34/34]

## ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI [INJ]	<i>palonosetron hcl</i>	3	[QLL, 10/30]
CESAMET	<i>nabilone</i>	3	[PAR][QLL, 30/5]
<i>compro</i>		1	
<i>dronabinol 10 mg capsule</i>		3	[PAR]
<i>dronabinol 2.5 mg capsule, -5 mg capsule</i>		1	[PAR]
EMEND 40 MG CAPSULE, -125 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 1/1]
EMEND 80 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 2/2]
EMEND INJECTION [INJ]	<i>aprepitant</i>	2	
EMEND TRIFOLD PACK	<i>aprepitant</i>	2	[PAR][QLL, 3/3]
<i>granisetron hcl injection [INJ]</i>		1	
<i>granisetron hcl tablet</i>		1	[PAR][QLL, 2/1]
<i>granisol</i>		1	[PAR] [QLL, 30 ml/3]
<i>meclizine hcl tablet</i>		1	
<i>ondansetron hcl 24 mg tablet</i>		1	[PAR][QLL, 1/1]
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>		1	[PAR][QLL, 12/5]
<i>ondansetron hcl injection [INJ]</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>ondansetron hcl solution</i>		1	[PAR] [QLL, 150 ml/5]
<i>ondansetron odt</i>		1	[PAR][QLL, 12/5]
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate [INJ]</i>		1	
<i>prochlorperazine maleate suppository rectal, -tablet</i>		1	
<i>promethazine hcl suppository rectal</i>		1	
<i>promethegan</i>		1	
<i>trimethobenzamide hcl capsule</i>		1	
<i>trimethobenzamide hcl injection [INJ]</i>		1	

## ANXIOLYTICS

<i>buspirone hcl tablet</i>		1	
<i>meprobamate</i>		1	

## CARBAMAZEPINES

<i>carbamazepine suspension oral, -tablet, -tablet chewable</i>		1	
<i>carbamazepine xr</i>		1	
<i>epitol</i>		1	
<i>oxcarbazepine</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	

## CLASS II NARCOTICS

<i>codeine sulfate</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl</i>		1	
<i>fentanyl citrate injection [INJ]</i>		1	
<i>fentanyl citrate lozenge</i>		3	[PAR] [QLL, 120/30]
<i>hydromorphone hcl injection [INJ]</i>		1	
<i>hydromorphone hcl tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>meperidine hcl injection [INJ]</i>		1	
<i>methadone hcl injection [INJ]</i>		1	
<i>methadone hcl solution, -tablet</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate injection [INJ]</i>		1	
<i>morphine sulfate solution, -tablet</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>morphine sulfate tablet sustained action</i>		1	[QLL, 120/30]
OPANA ER 40 MG TABLET	<i>oxymorphone</i>	3	[QLL, 90/30][ST]
OPANA ER 5 MG TABLET, -7.5 MG TABLET, -10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET	<i>oxymorphone</i>	2	[QLL, 90/30][ST]
<i>oxycodone concentrate</i>		1	
<i>oxycodone hcl</i>		1	
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl-aspirin</i>		1	
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	<i>oxycodone</i>	2	[QLL, 90/30][ST]
OXYCONTIN 80 MG TABLET	<i>oxycodone</i>	3	[QLL, 90/30][ST]
<i>oxymorphone hcl</i>		1	
<i>roxicet tablet</i>		1	

### CLASS III NARCOTICS

<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	
<i>buprenorphine hcl tablet sublingual</i>		1	
<i>co-gesic</i>		1	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>margesic h</i>		1	
<i>reprexain</i>		1	
<i>stagesic</i>		1	
SUBOXONE TABLET SUBLINGUAL	<i>buprenorphine/naloxone</i>	2	[PAR] [QLL, 102/34]
<i>zamicet</i>		1	

### CNS STIMULANT DRUGS

<i>amphetamine salt combo</i>		1	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate</i>		1	
METADATE CD	<i>methylphenidate</i>	2	

Drug	Generic	Tier	Requirements/ Limits
<i>metadate er</i>		1	
<i>methamphetamine hcl</i>		1	
<i>methylin er</i>		1	
<i>methylin tablet</i>		1	
<i>methylphenidate hcl solution, -tablet</i>		1	
<i>methylphenidate sr</i>		1	
PROVIGIL	<i>modafinil</i>	2	[PAR]

## DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butorphanol tartrate aerosol spray</i>		1	[QLL, 5 ml/3]
<i>dihydroergotamine mesylate injection [INJ]</i>		1	
ERGOMAR	<i>ergotamine</i>	2	
<i>ergotamine-caffeine</i>		1	
FROVA	<i>frovatriptan</i>	2	[QLL, 27/28]
MAXALT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
<i>migergot</i>		1	
<i>naratriptan hcl</i>		1	[QLL, 18/28]
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial [INJ]</i>		1	[QLL, 16 ml/28]
<i>sumatriptan succinate tablet</i>		1	[QLL, 18/28]
ZOMIG SPRAY NON-AEROSOL	<i>zolmitriptan</i>	2	[QLL, 18 nasal sprayers/28]

## HYDANTOINS

DILANTIN 30 MG CAPSULE, -TABLET CHEWABLE	<i>phenytoin</i>	2	
<i>fosphenytoin sodium [INJ]</i>		1	
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection [INJ]</i>		1	
<i>phenytoin suspension oral</i>		1	

## MAO INHIBITORS

EMSAM	<i>selegiline</i>	2	
MARPLAN	<i>isocarboxazid</i>	2	
<i>phenelzine sulfate tablet</i>		1	
<i>tranlycypromine sulfate</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<b>OTHER ANTICONVULSANTS</b>			
BANZEL 400 MG TABLET	<i>rufinamide</i>	3	
BANZEL SUSPENSION ORAL, -200 MG TABLET	<i>rufinamide</i>	2	
FELBATOL	<i>felbamate</i>	2	
<i>gabapentin capsule, -solution, -tablet</i>		1	
GABITRIL	<i>tiagabine</i>	2	
<i>lamotrigine</i>		1	
<i>levetiracetam injection [INJ]</i>		1	
<i>levetiracetam solution, -tablet</i>		1	
LYRICA	<i>pregabalin</i>	2	[ST]
<i>primidone tablet</i>		1	
SABRIL [LA]	<i>vigabatrin</i>	3	
<i>topiramate capsule sprinkle, -tablet</i>		1	[PAR]
VIMPAT INJECTION [INJ]	<i>lacosamide</i>	2	
VIMPAT SOLUTION, -TABLET	<i>lacosamide</i>	2	[PAR]
<i>zonisamide</i>		1	[PAR]

### OTHER ANTIDEPRESSANTS

<i>budeprion sr</i>		1	[QLL, 68/34]
<i>budeprion xl</i>		1	[QLL, 34/34]
<i>bupropion hcl sr</i>		1	[QLL, 68/34]
<i>bupropion hcl tablet</i>		1	
CYMBALTA 20 MG CAPSULE, -60 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 68/34][ST]
CYMBALTA 30 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 34/34][ST]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ	<i>desvenlafaxine succinate</i>	2	[QLL, 34/34][ST]
SAVELLA TABLET	<i>milnacipran hcl</i>	2	[QLL, 68/34][ST]
SAVELLA TABLET DOSE PACK	<i>milnacipran hcl</i>	2	[QLL, 1/34][ST]
<i>trazodone hcl tablet</i>		1	
<i>venlafaxine hcl</i>		1	[QLL, 102/34]
<i>venlafaxine hcl er 37.5 mg cap, -150 mg cap</i>		1	[QLL, 34/34]
<i>venlafaxine hcl er 75 mg cap</i>		1	[QLL, 102/34]

### OTHER ANTIPARKINSON DRUGS

APOKYN [INJ][LA]	<i>apomorphine hcl</i>	3	
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Drug	Generic	Tier	Requirements/ Limits
AZILECT	<i>rasagiline mesylate</i>	2	
<i>bromocriptine mesylate capsule, -tablet</i>		1	
<i>carbidopa-levodopa</i>		1	
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	2	
<i>pramipexole dihydrochloride</i>		1	
<i>ropinirole hcl</i>		1	
<i>selegiline hcl capsule, -tablet</i>		1	
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	
TASMAR	<i>tolcapone</i>	3	

## OTHER CNS/AUTONOMIC DRUGS

ANTABUSE 250 MG TABLET [G]	<i>disulfiram</i>	2	
ANTABUSE 500 MG TABLET	<i>disulfiram</i>	2	
<i>atropine sulfate injection [INJ]</i>		1	
<i>depade</i>		1	
<i>guanidine hcl</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naloxone hcl injection [INJ]</i>		1	
<i>naltrexone hcl tablet</i>		1	
NUEDEXTA	<i>dextromethorphan/quinidine</i>	2	[PAR]
<i>pyridostigmine bromide</i>		1	
STRATTERA	<i>atomoxetine</i>	2	[ST]
XENAZINE [LA]	<i>tetrabenazine</i>	3	[PAR]
XYREM [LA]	<i>sodium oxybate</i>	3	

## SECONDARY AMINES

<i>amoxapine</i>		1	
<i>desipramine hcl tablet</i>		1	
<i>nortriptyline hcl capsule, -solution</i>		1	
<i>protriptyline hcl</i>		1	

## SEDATIVE/HYPNOTIC DRUGS

ROZEREM	<i>ramelteon</i>	2	[QLL, 34/34][ST]
<i>zaleplon 10 mg capsule</i>		1	[QLL, 68/34]

Drug	Generic	Tier	Requirements/ Limits
<i>zaleplon 5 mg capsule</i>		1	[QLL, 34/34]
<i>zolpidem tartrate</i>		1	[QLL, 34/34]

## SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram</i>		1	
<i>citalopram hbr</i>		1	[QLL, 34/34]
<i>fluoxetine dr</i>		1	[QLL, 5/34]
<i>fluoxetine hcl 10 mg capsule, -10 mg tablet</i>		1	[QLL, 34/34]
<i>fluoxetine hcl 20 mg capsule, -solution, -20 mg tablet</i>		1	
<i>fluoxetine hcl 40 mg capsule</i>		1	[QLL, 68/34]
<i>fluvoxamine maleate 100 mg tab</i>		1	[QLL, 102/34]
<i>fluvoxamine maleate 25 mg tab</i>		1	[QLL, 34/34]
<i>fluvoxamine maleate 50 mg tab</i>		1	[QLL, 68/34]
<i>paroxetine hcl 10 mg tablet, -40 mg tablet</i>		1	[QLL, 34/34]
<i>paroxetine hcl 20 mg tablet, -30 mg tablet, -tablet sustained release 24hr</i>		1	[QLL, 68/34]
<i>paroxetine hcl suspension oral</i>		1	
<i>rapiflux</i>		1	
<i>selfemra 10 mg capsule</i>		1	[QLL, 35/14]
<i>selfemra 20 mg capsule</i>		1	[QLL, 140/14]
<i>sertraline hcl 25 mg tablet</i>		1	[QLL, 34/34]
<i>sertraline hcl 50 mg tablet, -100 mg tablet</i>		1	[QLL, 68/34]
<i>sertraline hcl solution</i>		1	
VIIBRYD	<i>vilazodone hydrochloride</i>	2	[QLL, 34/34][ST]

## SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	
CHANTIX	<i>varenicline tartrate</i>	2	
NICOTROL	<i>nicotine inhaler</i>	2	
NICOTROL NS	<i>nicotine ns</i>	2	

## SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	
<i>ethosuximide capsule, -syrup</i>		1	

## TERTIARY AMINES

<i>amitriptyline hcl tablet</i>		1	
<i>clomipramine hcl capsule</i>		1	
<i>doxepin hcl capsule, -solution</i>		1	
<i>imipramine hcl tablet</i>		1	
<i>imipramine pamoate</i>		1	

Drug	Generic	Tier	Requirements/ Limits
SURMONTIL	<i>trimipramine</i>	2	

## VALPROIC ACID AND DERIVATIVES

<i>divalproex sodium</i>		1	
<i>divalproex sodium er</i>		1	
<i>valproate sodium injection</i> [INJ]		1	
<i>valproic acid capsule, -syrup</i>		1	

## CARDIOVASCULAR MEDICATIONS

### AMIODARONES

<i>amiodarone hcl injection</i> [INJ]		1	
<i>amiodarone hcl tablet</i>		1	
<i>pacerone 200 mg tablet</i>		1	

### ANGIOTENSIN CONVERTING ENZYME INHIBITORS

<i>benazepril hcl</i>		1	
<i>captopril tablet</i>		1	
<i>enalapril maleate tablet</i>		1	
<i>fosinopril sodium</i>		1	
<i>lisinopril tablet</i>		1	
<i>moexipril hcl</i>		1	
<i>perindopril erbumine</i>		1	
<i>quinapril hcl</i>		1	
<i>ramipril</i>		1	
<i>trandolapril</i>		1	

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

DIOVAN	<i>valsartan</i>	2	[ST]
<i>losartan potassium</i>		1	
MICARDIS	<i>telmisartan</i>	2	[ST]

### ANTIDYSRHYTHMIC DRUGS

<i>flecainide acetate</i>		1	
<i>mexiletine hcl capsule</i>		1	
<i>procainamide hcl injection</i> [INJ]		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate injection</i> [INJ]		1	
<i>quinidine gluconate tablet sustained action</i>		1	
<i>quinidine sulfate tablet,</i> <i>-tablet sustained action</i>		1	

### BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl capsule</i>		1	
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Drug	Generic	Tier	Requirements/ Limits
<i>atenolol tablet</i>		1	
<i>betaxolol hcl tablet</i>		1	
<i>bisoprolol fumarate</i>		1	
<i>carvedilol</i>		1	
<i>labetalol hcl injection [INJ]</i>		1	
<i>labetalol hcl tablet</i>		1	
<i>metoprolol succinate</i>		1	
<i>metoprolol tartrate injection [INJ]</i>		1	
<i>metoprolol tartrate tablet</i>		1	
<i>nadolol tablet</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>		1	
<i>propranolol hcl injection [INJ]</i>		1	
<i>timolol maleate tablet</i>		1	

## CALCIUM ANTAGONISTS

<i>afeditab cr</i>		1	
<i>amlodipine besylate tablet</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>diltiazem 24hr er</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl injection [INJ]</i>		1	
<i>diltiazem hcl tablet</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>matzim la</i>		1	
<i>nicardipine hcl capsule</i>		1	
<i>nicardipine hcl injection [INJ]</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine er</i>		1	
<i>nimodipine</i>		1	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er</i>		1	
<i>verapamil er pm</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>verapamil hcl injection</i> [INJ]		1	
<i>verapamil hcl tablet, -tablet sustained action</i>		1	

### CARDIAC GLYCOSIDES

<i>digoxin injection</i> [INJ]		1	
<i>digoxin solution, -tablet</i>		1	

### CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	[QLL, 5/35]
<i>clonidine hcl tablet</i>		1	
<i>guanabenz acetate tablet</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl</i> [INJ]		1	

### DRUGS FOR PHEOCHROMOCYTOMA

DEMSEER	<i>metyrosine</i>	2	
DIBENZYLINE	<i>phenoxybenzamine</i>	2	

### ENDOTHELIN RECPTR ANTAGONIST

LETAIRIS [LA]	<i>ambrisentan</i>	3	[PAR]
TRACLEER [LA]	<i>bosentan</i>	3	[PAR]

### HMG-COA REDUCTASE INHIBITORS

ADVICOR 500 MG-20 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 34/34]
ADVICOR 750 MG-20 MG TABLET, -1,000 MG-20 MG TABLET, -1,000 MG-40 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 68/34]
CRESTOR 10 MG TABLET, -20 MG TABLET, -40 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34]
CRESTOR 5 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34][ST]
<i>lovastatin 10 mg tablet</i>		1	[QLL, 34/34]
<i>lovastatin 20 mg tablet, -40 mg tablet</i>		1	[QLL, 68/34]
<i>pravastatin sodium</i>		1	[QLL, 34/34]
SIMCOR 500-20 MG TABLET, -500-40 MG TABLET, -1,000-40 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 34/34]
SIMCOR 750-20 MG TABLET, -1,000-20 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 68/34]
<i>simvastatin</i>		1	[QLL, 34/34]
VYTORIN 10-10 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34][ST]

Drug	Generic	Tier	Requirements/ Limits
VYTORIN 10-20 MG TABLET, -10-40 MG TABLET, -10-80 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34]

## HYPOLIPOPROTEINEMICS

<i>cholestyramine light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil tablet</i>		1	
LIPOFEN	<i>fenofibrate</i>	2	[ST]
LOVAZA	<i>omega-3 acid ethyl esters</i>	2	
NIASPAN	<i>niacin</i>	2	
<i>prevalite</i>		1	
WELCHOL	<i>colesevelam</i>	2	[ST]
ZETIA	<i>ezetimibe</i>	2	[ST]

## LOOP DIURETICS

<i>bumetanide injection [INJ]</i>		1	
<i>bumetanide tablet</i>		1	
<i>furosemide injection [INJ]</i>		1	
<i>furosemide solution, -tablet</i>		1	
<i>torseamide injection [INJ]</i>		1	
<i>torseamide tablet</i>		1	

## NITRATES

<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>nitro-bid</i>		1	
<i>nitroglycerin injection [INJ]</i>		1	
<i>nitroglycerin patch</i>		1	
NITROSTAT	<i>nitroglycerin</i>	2	

## OTHER ANTIARRHYTHMICS

<i>sorine</i>		1	
<i>sotalol</i>		1	
TIKOSYN	<i>dofetilide</i>	2	

## OTHER ANTIHYPERTENSIVES

<i>amlodipine besylate-benazepril</i>		1	
AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	2	[ST]
<i>atenolol-chlorthalidone</i>		1	
<i>benazepril-hydrochlorothiazide</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>bisoprolol-hydrochlorothiazide</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>hctz/valsartan</i>	2	[ST]
<i>enalapril-hydrochlorothiazide</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	[ST]
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	[ST]
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>lisinopril-hydrochlorothiazide</i>		1	
<i>losartan-hydrochlorothiazide</i>		1	
<i>methyl dopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	
MICARDIS HCT	<i>telmisartan/hctz</i>	2	[ST]
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol-hydrochlorothiazid</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>reserpine tablet</i>		1	
TEKAMLO	<i>aliskiren/amlodipine</i>	2	[ST]
TEKURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]
TWYNSTA	<i>telmisartan/amlodipine</i>	2	[ST]

## OTHER CARDIOVASCULAR DRUGS

<i>midodrine hcl</i>		1	
<i>pentopak</i>		1	
<i>pentoxifylline tablet sustained action</i>		1	
RANEXA	<i>ranolazine</i>	2	

## OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	3	[PAR][QLL, 68/34]
REMODULIN [INJ][LA]	<i>treprostinil sodium</i>	3	[PAR]
REVATIO INJECTION [INJ]	<i>revatio (sildenafil citrate)</i>	3	
REVATIO TABLET 102/34]	<i>revatio (sildenafil citrate)</i>	3	[PAR][QLL,

## POTASSIUM SPARING DIURETICS

<i>amiloride hcl tablet</i>		1	
<i>amiloride-hydrochlorothiazide</i>		1	
<i>eplerenone</i>		1	
<i>spironolactone tablet</i>		1	
<i>spironolactone-hctz</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>triamterene-hctz</i>		1	
<i>triamterene-hydrochlorothiazid</i>		1	

## THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
<i>chlorothiazide sodium</i> [INJ]		3	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide capsule, -tablet</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

## VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin mesylate 1 mg tab, -2 mg tab, -4 mg tab</i>		1	[QLL, 34/34]
<i>doxazosin mesylate 8 mg tab</i>		1	[QLL, 68/34]
<i>hydralazine hcl injection</i> [INJ]		1	
<i>hydralazine hcl tablet</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin 1 mg capsule, -2 mg capsule, -5 mg capsule</i>		1	[QLL, 34/34]
<i>terazosin 10 mg capsule</i>		1	[QLL, 68/34]

## DERMATOLOGICAL MEDICATIONS

### ANTIACNE DRUGS

<i>adapalene</i>		1	[PAR]
<i>clindamycin phosphate foam, -gel, -lotion, -solution non-oral, -swab medicated</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -solution non-oral</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, -lotion</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	[PAR]

### ANTIPRURITIC DRUGS

<i>hydroxyzine hcl injection</i> [INJ]		1	
<i>hydroxyzine hcl syrup, -tablet</i>		1	[PAR]
<i>hydroxyzine pamoate capsule</i>		1	[PAR]

Drug	Generic	Tier	Requirements/ Limits
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### ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>calcipotriene</i>		1	
DOVONEX CREAM	<i>calcipotriene</i>	2	
<i>selenium sulfide 2.5% lotion</i>		1	
SORIATANE	<i>acitretin</i>	3	
<i>sulfacetamide sodium suspension topical</i>		1	
TAZORAC	<i>tazarotene</i>	2	[PAR]

### KERATOLYTIC DRUGS

<i>podofilox</i>		1	
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### ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	3	
<i>amnesteam</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	3	
<i>sotret</i>		1	

### SCABICIDES

<i>acticin</i>		1	
EURAX	<i>crotamiton</i>	2	
LINDANE	<i>benzene hexachloride gamma</i>	2	
<i>malathion</i>		1	
<i>permethrin cream</i>		1	

### TOPICAL CORTICOSTEROID DRUGS

<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>betamethasone dipropionate cream, -lotion, -ointment</i>		1	
<i>betamethasone valerate cream, -lotion, -ointment</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate gel, -ointment, -solution non-oral</i>		1	
<i>desonide cream, -lotion, -ointment</i>		1	
<i>desoximetasone cream, -gel, -ointment</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluocinonide gel, -ointment, -solution non-oral</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>fluticasone propionate cream, -ointment</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -2.5% lotion, -1% absorbase, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone acetate</i>		1	
<i>hydrocortisone butyrate</i>		1	
<i>hydrocortisone plus 1% cream, -aloe 1% cream, -1% oint</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>mometasone furoate cream, -ointment, -solution non-oral</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide cream, -lotion, -ointment</i>		1	
<i>triderm</i>		1	

## TOPICAL DERMATOLOGICAL DRUGS

<i>ammonium lactate cream, -lotion</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -solution non-oral</i>		1	
<i>imiquimod cream</i>		1	
OXSORALEN	<i>methoxsalen</i>	2	
PANRETIN	<i>alitretinoin</i>	3	
PROTOPIC	<i>tacrolimus</i>	2	[ST]
REGRANEX	<i>becaplermin</i>	2	[PAR] [QLL, 30 gm/34]
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	[PAR]
ZONALON	<i>doxepin</i>	2	
ZYCLARA	<i>imiquimod</i>	2	

## DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

### DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE 125 MG TABLET [LA]	<i>deferasirox</i>	2	
EXJADE 250 MG TABLET, -500 MG TABLET [LA]	<i>deferasirox</i>	3	

Drug	Generic	Tier	Requirements/ Limits
<b>MISCELLANEOUS DRUGS</b>			
ADAGEN [INJ][LA]	<i>pegademase bovine</i>	3	
AMPYRA [LA]	<i>dalfampridine</i>	3	[PAR]
BUPHENYL	<i>sodium phenylbutyrate</i>	3	
COPAXONE [INJ]	<i>glatiramer acetate</i>	3	[PAR] [QLL, 30 ml/30]
CYKLOKAPRON [INJ]	<i>tranexamic acid</i>	2	
<i>ergoloid mesylates tablet</i>		1	
<i>fomepizole [INJ]</i>		1	
GILENYA	<i>fingolimod hydrochloride</i>	3	[PAR]
ORFADIN [LA]	<i>nitisinone</i>	3	
THALOMID	<i>thalidomide</i>	3	

## EAR-NOSE-THROAT MEDICATIONS

### DRUGS AFFECTING THE EAR

<i>acetazol hc</i>		1	
<i>acetic acid solution non-oral</i>		1	
<i>acetic acid-hydrocortisone</i>		1	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	
<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>neomycin-polymixin-hc ear susp, -ear susp</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin 0.3% ear drops</i>		1	

### DRUGS AFFECTING THE NOSE

<i>azelastine hcl aerosol spray w/pump</i>		1	[QLL, 60 ml/34]
<i>flunisolide 0.025% spray</i>		1	[QLL, 75 ml/34]
<i>fluticasone propionate nasal inhaled steroids</i>		1	[QLL, 32 gm/34]
<i>ipratropium 0.03% spray</i>		1	[QLL, 60 ml/34]
<i>ipratropium 0.06% spray</i>		1	[QLL, 30 ml/34]
TYZINE	<i>tetrahydrozoline</i>	2	

### DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate mouthwash</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
<i>periogard</i>		1	
<i>pilocarpine hcl tablet</i>		1	
<i>triamcinolone acetonide paste</i>		1	

Drug	Generic	Tier	Requirements/ Limits
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## ENDOCRINE MEDICATIONS

### ANTITHYROID DRUGS

<i>methimazole tablet</i>		1	
<i>propylthiouracil</i>		1	

### GLUCOCORTICOID DRUGS

<i>a-methapred [INJ]</i>		1	
<i>cortisone acetate tablet</i>		1	
<i>dexamethasone elixir, -tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection [INJ]</i>		1	
<i>hydrocortisone tablet</i>		1	
<i>methylprednisolone acetate injection [INJ]</i>		1	
<i>methylprednisolone sod succ [INJ]</i>		1	
<i>methylprednisolone tablet, -tablet dose pack</i>		1	
<i>prednisolone sodium phosphate solution</i>		1	
<i>prednisolone solution oral</i>		1	
<i>prednisone intensol</i>		1	
<i>prednisone solution, -tablet</i>		1	
<i>veripred 20</i>		1	

### GLUCOSE ELEVATING DRUGS

GLUCAGEN [INJ]	<i>glucagon, human recombinant</i>	2	
GLUCAGON EMERGENCY KIT [INJ]	<i>glucagon, human recombinant</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	

### HYPOGLYCEMIC DRUGS

BYETTA 10 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR] [QLL, 5 ml/34]
BYETTA 5 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR] [QLL, 2 ml/34]
SYMLIN [INJ]	<i>pramlintide acetate</i>	2	[PAR] [QLL, 35 ml/34]
SYMLINPEN 120 [INJ]	<i>pramlintide acetate</i>	2	[PAR] [QLL, 22 ml/34]
SYMLINPEN 60 [INJ]	<i>pramlintide acetate</i>	2	[PAR] [QLL, 12 pens/34]

### INSULIN

LANTUS 100 UNITS/ML VIAL [INJ]		2	
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Drug	Generic	Tier	Requirements/ Limits
LEVEMIR 100 UNITS/ML VIAL [INJ]		2	
NOVOLIN 70-30 [INJ]		2	
NOVOLIN N 100 UNITS/ML VIAL [INJ]		2	
NOVOLIN R [INJ]		2	
NOVOLOG [INJ]		2	
NOVOLOG MIX 70-30 [INJ]		2	

## MINERALOCORTICOID DRUGS

*fludrocortisone acetate tablet*

1

## ORAL HYPOGLYCEMICS AND COMBOS

*acarbose*

1

ACTOPLUS MET

*pioglitazone hcl/metformin hc*

2

[QLL, 102/34][ST]

ACTOPLUS MET XR 15-1,000 MG TB

*pioglitazone hcl/metformin hc*

2

[QLL, 68/34][ST]

ACTOPLUS MET XR 30-1,000 MG TB

*pioglitazone hcl/metformin hc*

2

[QLL, 34/34][ST]

ACTOS

*pioglitazone hcl*

2

[QLL, 34/34][ST]

AVANDAMET

*rosiglitazone/metformin hcl*

2

[QLL, 68/34][ST]

AVANDARYL

*rosiglitazone maleate/glimepir*

2

[QLL, 34/34][ST]

AVANDIA 2 MG TABLET,  
-4 MG TABLET

*rosiglitazone maleate*

2

[QLL, 68/34][ST]

AVANDIA 8 MG TABLET

*rosiglitazone maleate*

2

[QLL, 34/34][ST]

DUETACT

*pioglitazone/glimepiride*

2

[QLL, 34/34][ST]

*glimepiride*

1

*glipizide er*

1

*glipizide tablet*

1

*glipizide-metformin*

1

*glyburide*

1

*glyburide micronized*

1

*glyburide-metformin hcl*

1

*glycron*

1

JANUMET

*sitagliptin phos/metformin hcl*

2

[QLL, 68/34]

JANUVIA

*sitagliptin phosphate*

2

[QLL, 34/34]

KOMBIGLYZE XR 2.5-1,000 MG TAB

*saxagliptin hcl/metformin hcl*

2

[QLL, 68/34]

KOMBIGLYZE XR 5-1,000 MG TAB,  
-5-500 MG TABLET

*saxagliptin hcl/metformin hcl*

2

[QLL, 34/34]

*metformin hcl*

1

*metformin hcl er*

1

*nateglinide*

1

ONGLYZA

*saxagliptin hydrochloride*

2

[QLL, 34/34]

Drug	Generic	Tier	Requirements/ Limits
RIOMET	<i>metformin</i>	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	
<b>OTHER ENDOCRINE DRUGS</b>			
ALDURAZYME [INJ][LA]	<i>laronidase</i>	3	
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1	[QLL, 5/35]
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1	[QLL, 34/34]
BONIVA TABLET	<i>ibandronate</i>	2	[QLL, 1/30][ST]
<i>cabergoline</i>		1	[QLL, 20/34]
<i>calcitonin-salmon</i>		1	
CEREZYME [INJ][LA]	<i>imiglucerase</i>	3	
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>		1	
<i>desmopressin acetate injection [INJ]</i>		1	
ELAPRASE [INJ][LA]	<i>idursulfase</i>	3	
<i>etidronate disodium</i>		1	
EVISTA	<i>raloxifene</i>	2	
FABRAZYME [INJ][LA]	<i>agalsidase</i>	3	
FORTEO [INJ]	<i>teriparatide</i>	3	[PAR] [QLL, 1 pens/28]
<i>fortical</i>		1	
KUVAN [LA]	<i>sapropterin dihydrochloride</i>	3	
MIACALCIN INJECTION [INJ]	<i>calcitonin</i>	2	[PAR]
MYOZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	
NAGLAZYME [INJ][LA]	<i>galsulfase</i>	3	
<i>pamidronate disodium [INJ]</i>		1	[PAR]
RECLAST [INJ]	<i>zoledronic acid</i>	2	[PAR]
SAMSCA	<i>tolvaptan</i>	3	[PAR][QLL, 68/34]
SENSIPAR 30 MG TABLET	<i>cinacalcet hcl</i>	2	
SENSIPAR 60 MG TABLET, -90 MG TABLET	<i>cinacalcet hcl</i>	3	
SOMAVERT [INJ][LA]	<i>pegvisomant</i>	3	
VPRIV [INJ]	<i>velaglucerase alfa</i>	3	
XGEVA [INJ]	<i>denosumab</i>	3	
ZAVESCA [LA]	<i>miglustat</i>	3	
ZOMETA [INJ]	<i>zoledronic acid</i>	3	

Drug	Generic	Tier	Requirements/ Limits
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## THYROID SUPPLEMENTS

<i>levothroid</i>		1	
<i>levothyroxine sodium tablet</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium injection [INJ]</i>		1	
<i>liothyronine sodium tablet</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
<i>unithroid</i>		1	

## GASTROINTESTINAL MEDICATIONS

### ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
<i>loperamide capsule</i>		1	

### ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>glycopyrrolate injection [INJ]</i>		1	
<i>glycopyrrolate tablet</i>		1	
<i>metoclopramide hcl injection [INJ]</i>		1	
<i>metoclopramide hcl solution oral, -tablet</i>		1	

### ANTIULCER DRUGS

<i>cimetidine injection [INJ]</i>		1	
<i>cimetidine solution, -tablet</i>		1	
<i>famotidine injection [INJ]</i>		1	
<i>famotidine suspension oral, -20 mg tablet, -40 mg tablet</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>		1	
<i>ranitidine hcl injection [INJ]</i>		1	

### IRRITABLE BOWEL DRUGS

AMITIZA	<i>lubiprostone</i>	2	
LOTRONEX	<i>alosetron</i>	3	

### OTHER ANTIULCER DRUGS

CARAFATE SUSPENSION ORAL	<i>sucralfate</i>	2	
<i>misoprostol</i>		1	
<i>sucralfate tablet</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<b>OTHER GI DRUGS</b>			
APRISO	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
CANASA	<i>mesalamine</i>	2	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
CREON	<i>amylase/lipase/protease</i>	2	
ENTOCORT EC [G]	<i>budesonide</i>	3	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
<i>hydrocortisone enema</i>		1	
<i>mesalamine</i>		1	
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	2	
PENTASA	<i>mesalamine</i>	2	
<i>polyethylene glycol 3350</i>		1	
<i>polyethylene glycol 3350 packet</i>		1	
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR [INJ]	<i>methylnaltrexone bromide</i>	2	
<i>sulfasalazine tablet</i>		1	
<i>sulfazine ec</i>		1	
<i>trilyte with flavor packets</i>		1	
<i>ursodiol capsule, -tablet</i>		1	
VISICOL	<i>sodium phosphate/na biphos</i>	2	
ZENPEP	<i>amylase/lipase/protease</i>	2	

## PROTON PUMP INHIBITORS

<i>lansoprazole dr 15 mg capsule, -odt 15 mg tablet</i>		1	[QLL, 34/34]
<i>lansoprazole dr 30 mg capsule, -odt 30 mg tablet</i>		1	
NEXIUM DR 20 MG CAPSULE, -DR 10 MG PACKET, -DR 20 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[QLL, 34/34][ST]
NEXIUM DR 40 MG CAPSULE, -DR 40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[ST]
NEXIUM I.V. [INJ]	<i>esomeprazole mag trihyd</i>	2	
<i>omeprazole dr 10 mg capsule, -dr 20 mg capsule</i>		1	[QLL, 34/34]
<i>omeprazole dr 40 mg capsule</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>omeprazole-bicarb 20-1,100 cap</i>		1	[QLL, 34/34]
<i>omeprazole-bicarb 40-1,100 cap</i>		1	
<i>pantoprazole sod dr 20 mg tab</i>		1	[QLL, 34/34]
<i>pantoprazole sod dr 40 mg tab</i>		1	

## IMMUNOLOGICALS AND VACCINES

### GROWTH HORMONES AND RELATED DRUGS

EGRIFTA [INJ]	<i>tesamorelin acetate</i>	3	[PAR]
OMNITROPE 5 MG/1.5 ML CRTG, -10 MG/1.5 ML CRTG [INJ]	<i>somatropin</i>	2	[PAR]
OMNITROPE 5.8 MG VIAL [INJ]	<i>somatropin</i>	3	[PAR]
TEV-TROPIN [INJ]	<i>somatropin</i>	2	[PAR]

### IMMUNOLOGICALS AND VACCINES

ACTHIB [INJ]	<i>haemophilus b-tet toxoid</i>	2	
ADACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
ATGAM [INJ]	<i>lymphocyte immune globulin</i>	3	[PAR]
BOOSTRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
CARIMUNE NF NANOFILTERED [INJ]	<i>immune globulin - iv</i>	3	[PAR]
CERVARIX [INJ]	<i>human papillomav vacc bival/pf</i>	2	
COMVAX [INJ]	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
DIPHThERIA-TETANUS TOXOID [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE [INJ]	<i>hepatitis b virus vaccine</i>	2	
GAMASTAN S-D [INJ]	<i>immune globulin - im</i>	2	
GAMUNEX [INJ]	<i>immune globulin - iv</i>	3	[PAR]
GARDASIL [INJ]	<i>human papillomavirus vacc</i>	2	
HAVRIX [INJ]	<i>hepatatis a virus vaccine</i>	2	
HIZENTRA 1 GRAM/5 ML VIAL [INJ]	<i>immune globulin- sq</i>	2	[PAR]
IMOVAX RABIES VACCINE [INJ]	<i>rabies vaccine,human diploid</i>	2	
INFANRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
IPOLE [INJ]	<i>poliomyelitis vac,killed</i>	2	
IXIARO [INJ]	<i>japanese encephalitis vaccine</i>	2	
JE-VAX [INJ]	<i>japanese encephalitis vaccine</i>	2	
KEPIVANCE [INJ][LA]	<i>palifermin</i>	3	
MENACTRA [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	

Drug	Generic	Tier	Requirements/ Limits
MENOMUNE-A-C-Y-W-135 [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	
MENVEO A-C-Y-W-135-DIP	<i>mening vac a,c,y,w-135 dip</i>	2	
M-M-R II VACCINE [INJ]	<i>measles,mumps&amp;rubella vaccine</i>	2	
MOZOBIL [INJ]	<i>plerixafor</i>	3	
PEDVAXHIB [INJ]	<i>haemophilus b vaccine</i>	2	
PRIVIGEN [INJ]	<i>immune globulin - iv</i>	3	[PAR]
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	2	[PAR]
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	3	[PAR]
PROQUAD [INJ]	<i>measles,mumps,rub,varicella</i>	2	
RBAVERT [INJ]	<i>rabies vac,pf chick-emb cell</i>	2	
RECOMBIVAX HB [INJ]	<i>hepatitis b virus vaccine</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TETANUS DIPHTHERIA TOXOIDS [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
<i>tetanus toxoid adsorbed</i> [INJ]		1	
TETANUS-DIPHTERIA -DECAVAC [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
TRIPEDIA [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
TWINRIX [INJ]	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI [INJ]	<i>typhoid vaccine</i>	2	
VAQTA [INJ]	<i>hepatatis a virus vaccine</i>	2	
VARIVAX VACCINE [INJ]	<i>varicella virus vaccine live</i>	2	
YF-VAX [INJ]	<i>yellow fever vaccine</i>	2	
ZOSTAVAX [INJ]	<i>varicella vacc/pf</i>	2	

### INSULIN LIKE GROWTH FACTORS-1

INCRELEX [INJ][LA]	<i>mecasermin</i>	3	
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### INTERFERONS

ACTIMMUNE [INJ][LA]	<i>interferon gamma-1b,recomb.</i>	3	
AVONEX [INJ]	<i>interferon beta-1a</i>	3	[PAR] [QLL, 4 kits/28]
AVONEX ADMINISTRATION PACK [INJ]	<i>interferon beta-1a</i>	3	[PAR] [QLL, 4 kits/28]
BETASERON [INJ]	<i>interferon beta-1b</i>	3	[PAR][QLL, 15/30]

Drug	Generic	Tier	Requirements/ Limits
INFERGEN [INJ]	<i>interferon alfacon-1</i>	3	
INTRON A 3 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNITS VIAL [INJ]	<i>interferon alfa-2b, recomb.</i>	2	
INTRON A 5 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN [INJ]	<i>interferon alfa-2b, recomb.</i>	3	
PEGASYS 180 MCG/0.5 ML CONV.PK [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR] [QLL, 4 syringes/28]
PEGASYS 180 MCG/ML VIAL [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR] [QLL, 4 vials/28]
PEGINTRON 50 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR] [QLL, 5 kits/34]
PEGINTRON 80 MCG KIT, -120 MCG KIT, -150 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5/34]
PEGINTRON REDIPEN [INJ] pens/34]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5
REBIF 22 MCG/0.5 ML SYRINGE, -44 MCG/0.5 ML SYRINGE [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR] [QLL, 8 syringes/35]
REBIF TITRATION PACK [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR][QLL, 12 syringes/28]

### INTERLEUKIN RECPTR ANTAGONIST

ACTEMRA 200 MG/10 ML VIAL [INJ]	<i>tocilizumab</i>	3	[PAR]
ARCALYST [INJ][LA]	<i>rilonacept</i>	3	[PAR]
KINERET [INJ]	<i>anakinra</i>	3	[PAR]

### INTERLEUKINS

NEUMEGA [INJ]	<i>oprelvekin</i>	3	[QLL, 21 vials/21]
PROLEUKIN [INJ]	<i>aldesleukin</i>	3	

### MYELOID STIMULANTS

LEUKINE [INJ]	<i>sargramostim</i>	3	
NEULASTA [INJ]	<i>pegfilgrastim</i>	3	[PAR] [QLL, 2 syringes/30]
NEUPOGEN [INJ]	<i>filgrastim</i>	3	[PAR]

### THROMBOPOIETIC AGENTS

PROMACTA [LA]	<i>eltrombopag olamine</i>	3	[PAR]
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Drug	Generic	Tier	Requirements/ Limits
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## MEDICAL (MISCELLANEOUS) SUPPLIES

### DIABETIC SUPPLIES

ALCOHOL SWABS		2	
BD PEN NEEDLE ORIG 29GX1/2		2	
CURAD GAUZE PADS	<i>misc supp (dress,tape,gauze)</i>	2	
INSULIN SYRINGE		2	
NOVOFINE 32		2	
NOVOFINE AUTOCOVER		2	

## MUSCULOSKELETAL MEDICATIONS

### CNS MUSCLE RELAXANTS

<i>chlorzoxazone</i>		1	[PAR]
<i>metaxalone</i>		1	[PAR]
<i>methocarbamol tablet</i>		1	[PAR]
<i>orphenadrine citrate injection [INJ]</i>		1	
<i>orphenadrine citrate tablet sustained action</i>		1	[PAR]
<i>orphenadrine compound</i>		1	[PAR]
<i>orphenadrine compound forte</i>		1	[PAR]
RILUTEK	<i>riluzole</i>	3	

### DIRECT MUSCLE RELAXANTS

<i>baclofen tablet</i>		1	
<i>dantrolene sodium capsule</i>		1	
<i>tizanidine hcl tablet</i>		1	

### DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol sodium [INJ]</i>		1	
<i>allopurinol tablet</i>		1	
COLCRYS	<i>colchicine</i>	2	
<i>probenecid</i>		1	
<i>probenecid-colchicine</i>		1	
ULORIC	<i>febuxostat</i>	2	[ST]

### NON-STEROIDAL ANTIINFLAMMATORY AGENTS

CELEBREX	<i>celecoxib</i>	2	[ST]
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>		1	
<i>etodolac</i>		1	
<i>fenoprofen calcium</i>		1	
<i>flurbiprofen tablet</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>ibuprofen 100 mg/5 ml sus</i>		1	
<i>ibuprofen 100 mg/5 ml susp, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>ketoprofen capsule, -capsule 24hr sustained release pellets</i>		1	
<i>ketorolac tromethamine injection [INJ]</i>		1	
<i>ketorolac tromethamine tablet</i>		1	[QLL, 20/5]
<i>meclofenamate sodium capsule</i>		1	
<i>mefenamic acid capsule</i>		1	
<i>meloxicam 7.5 mg tablet</i>		1	[QLL, 34/34]
<i>meloxicam suspension oral, -15 mg tablet</i>		1	
<i>nabumetone</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam capsule</i>		1	
<i>sulindac tablet</i>		1	
<i>tolmetin sodium</i>		1	

## OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	<i>penicillamine</i>	2	
RIDAURA	<i>auranofin</i>	2	
SYPRINE	<i>trientine</i>	3	

## SALICYLATES AND RELATED DRUGS

<i>diflunisal</i>		1	
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## NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

### ANTIPLATELET DRUGS

AGGRENEX	<i>aspirin/dipyridamole</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole tablet</i>		1	
EFFIENT	<i>prasugrel</i>	2	
PLAVIX	<i>clopidogrel</i>	2	

### BLOOD DETOXICANTS

<i>constulose</i>		1	
<i>enulose</i>		1	
<i>lactulose</i>		1	

<b>Drug</b>	<b>Generic</b>	<b>Tier</b>	<b>Requirements/ Limits</b>
RENVELA	<i>sevelamer carbonate</i>	2	
<b>ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.</b>			
AMINOSYN [INJ]	<i>amino acids</i>	2	
AMINOSYN II [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5% M -DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5% -DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5% -DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 4.25% -DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 5% IN 25% DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II IN DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II WITH LYTES-CA-DW [INJ]	<i>amino acids</i>	2	
AMINOSYN M [INJ]	<i>amino acids</i>	2	
AMINOSYN-HBC [INJ]	<i>amino acids</i>	2	
AMINOSYN-HF [INJ]	<i>amino acids</i>	2	
AMINOSYN-PF [INJ]	<i>amino acids</i>	2	
AMMONIUM CHLORIDE INJECTION [INJ]	<i>ammonium chloride</i>	2	
CLINIMIX [INJ]	<i>amino acids</i>	2	
CLINIMIX E [INJ]	<i>amino acids</i>	2	
CLINISOL [INJ]	<i>amino acids</i>	2	
CYSTAGON [LA]	<i>cysteamine</i>	2	
<i>d5w-kcl 30 meq/l iv solution</i> [INJ]		1	
<i>dextrose 10%-1/4ns</i> [INJ]		1	
<i>dextrose 10%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/2ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/3ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-electrolyte #48</i> [INJ]		1	
<i>dextrose 5%-ns-kcl</i> [INJ]		1	
<i>dextrose in water</i> [INJ]		1	
<i>dextrose with sodium chloride</i> [INJ]		1	
FREAMINE III [INJ]	<i>amino acids</i>	2	
HEPATAMINE [INJ]	<i>amino acids</i>	2	

<b>Drug</b>	<b>Generic</b>	<b>Tier</b>	<b>Requirements/ Limits</b>
HEPATASOL [INJ]	<i>amino acids</i>	2	
IONOSOL B WITH DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL MB-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL T-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE H WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE M WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE P WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE S [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE S WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
<i>lactated ringers injection</i> [INJ]		1	
<i>magnesium sulfate injection</i> [INJ]		1	
MAGNESIUM SULFATE-D5W [INJ]	<i>magnesium sulfate/d5w</i>	2	
NEPHRAMINE [INJ]	<i>amino acids</i>	2	
NORMOSOL-M AND DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
NORMOSOL-R AND DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
NORMOSOL-R PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 IN DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56 IN DEXTROSE [INJ]	<i>d5w/electrolyte-56 solution</i>	2	
PLASMA-LYTE A PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
<i>potassium chl-normal saline</i> [INJ]		1	
<i>potassium chloride-nacl</i> [INJ]		1	
PREMASOL [INJ]	<i>amino acids</i>	2	
PROCALAMINE [INJ]	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
<i>ringers injection</i> [INJ]		1	
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% soln, -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -5% iv soln</i> [INJ]		1	
<i>sodium bicarbonate injection</i> [INJ]		1	
<i>sodium chloride solution</i>		1	
<i>sodium lactate injection</i> [INJ]		1	
TRAVASOL 10% SOLN VIAFLEX [INJ]	<i>amino acids</i>	2	
TROPHAMINE [INJ]	<i>amino acids</i>	2	

Drug	Generic	Tier	Requirements/ Limits
<b>FLUORIDE PRODUCTS</b>			
<i>sodium fluoride tablet</i>		1	
<b>INJECTABLE ANTICOAGULANTS</b>			
ARIXTRA 2.5 MG SYRINGE [INJ]	<i>fondaparinux sodium</i>	2	
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE [INJ]	<i>fondaparinux sodium</i>	3	
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr [INJ]</i>		3	
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr [INJ]</i>		1	
<i>heparin sod 1,000 unit/ml vial, -sod 2,000 unit/ml vial, -sod 5,000 unit/ml vial, -sod 10,000 unit/ml vl, -sod 20,000 unit/ml vl [INJ]</i>		1	[PAR]
<i>heparin sodium in 0.45% nacl [INJ]</i>		1	[PAR]
<i>heparin sodium in 5% dextrose [INJ]</i>		1	[PAR]
<i>heparin sodium-ns [INJ]</i>		1	[PAR]
<b>ORAL ANTICOAGULANTS, VITAMIN K</b>			
<i>jantoven</i>		1	
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	[PAR]
<i>warfarin sodium tablet</i>		1	
<b>POTASSIUM REMOVING RESINS</b>			
<i>sodium polystyrene sulfonate</i>		1	
<b>POTASSIUM SUPPLEMENTS</b>			
<i>d5w-kcl 20 meq/l iv solution, -kcl 20 meq in d5w solution, -d5w-kcl 40 meq/l iv solution, -kcl 40 meq in d5w solution [INJ]</i>		1	
<i>klor-con 10</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con m20</i>		1	
<i>potassium chloride capsule sustained action, -solution, -tablet sust.releaseparticles/crystals</i>		1	
<i>potassium chloride in d5lr [INJ]</i>		1	
<i>potassium chloride injection [INJ]</i>		1	

Drug	Generic	Tier	Requirements/ Limits
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## THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol capsule, -solution</i>		1	[PAR]
<i>calcitriol injection</i> [INJ]		1	[PAR]
<i>calcium acetate</i>		1	
<i>eliphos</i>		1	
<i>levocarnitine injection</i> [INJ]		1	[PAR]
<i>levocarnitine solution, -tablet</i>		1	[PAR]
ZEMPLAR CAPSULE	<i>paricalcitol</i>	2	[PAR]
ZEMPLAR INJECTION [INJ]	<i>paricalcitol</i>	2	[PAR]

## VITAMINS AND MINERALS AND RELATED PRODUCTS

INTRALIPID 30% IV			
FAT EMUL [INJ][G]	<i>fat emulsions</i>	2	
LIPOSYN II [INJ]	<i>fat emulsions</i>	2	
<i>liposyn iii</i> [INJ]		1	

## OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

### ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	3	[PAR]
ANDROXY	<i>fluoxymesterone</i>	2	
<i>danazol capsule</i>		1	
FORTESTA	<i>testosterone</i>	2	[PAR]
METHITEST	<i>methyltestosterone</i>	2	
<i>oxandrolone tablet</i>		1	[PAR]
<i>testosterone cypionate injection</i> [INJ]		1	
<i>testosterone enanthate</i> [INJ]		1	

### CONTRACEPTIVES

<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>balziva</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>cyclafem</i>		1	
<i>enpresse</i>		1	
<i>gianvi</i>		1	
<i>junel</i>		1	
<i>junel fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1-35</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>leena</i>		1	
<i>lessina</i>		1	
<i>levora-28</i>		1	
<i>low-ogestrel</i>		1	
<i>lutra</i>		1	
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>next choice</i>		1	[QLL, 2/1]
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>quasense</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>sronyx</i>		1	
<i>tri-legest fe</i>		1	
<i>trinessa</i>		1	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
<i>zeosa</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

## ESTROGEN DRUGS

ESTRACE CREAM WITH APPLICATOR	<i>estradiol</i>	2	
<i>estradiol patch transdermal weekly</i>		1	[QLL, 5/35]
<i>estradiol tablet</i>		1	
<i>estradiol valerate injection [INJ]</i>		1	
<i>estropipate</i>		1	
MENEST	<i>estrogens,esterified</i>	2	
PREMARIN CREAM WITH APPLICATOR	<i>estrogens,conjugated</i>	2	

Drug	Generic	Tier	Requirements/ Limits
VAGIFEM	<i>estradiol</i>	2	
<b>ESTROGEN/PROGESTIN COMBINATIONS</b>			
<i>estradiol-norethindrone acetat</i>		1	
<i>jinteli</i>		1	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	
<b>OB/GYN TOPICAL ANTIINFECTIVES</b>			
<i>clindamycin phosphate cream with applicator</i>		1	
<i>metronidazole gel with applicator</i>		1	
<i>vandazole</i>		1	
<b>OXYTOCICS</b>			
METHERGINE TABLET [G]	<i>methylergonovine</i>	2	
<b>PRENATAL VITAMINS</b>			
<i>prenatabs obn</i>		1	
<b>PROGESTIN DRUGS</b>			
<i>camila</i>		1	
<i>errin</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection</i> [INJ]		1	[QLL, 1 ml/90]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone acetate tablet</i>		1	
PROMETRIUM	<i>progesterone</i>	2	
<b>SPECIALIZED OB/GYN DRUGS</b>			
<i>chorionic gonadotropin injection</i> [INJ]		1	[PAR][QLL, 3/34]
<i>leuprolide acetate injection</i> [INJ]		1	
LUPRON DEPOT 3.75 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT, -4 MONTH KIT [INJ]	<i>leuprolide</i>	2	[PAR]
LUPRON DEPOT 7.5 MG KIT [INJ]	<i>leuprolide</i>	3	[PAR]
LUPRON DEPOT-PED [INJ]	<i>leuprolide</i>	3	[PAR]
<i>novarel</i> [INJ]		1	[PAR]
SYNAREL	<i>nafarelin</i>	3	
<b>OPHTHALMIC MEDICATIONS</b>			
<b>ANTIGLAUCOMA DRUGS</b>			
<i>acetazolamide capsule sustained action, -tablet</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>acetazolamide sodium</i> [INJ]		1	
ALPHAGAN P 0.1% DROPS	<i>brimonidine tartrate</i>	2	
<i>apraclonidine hcl</i>		1	
<i>betaxolol hcl drops</i>		1	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	[ST]
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
<i>latanoprost</i>		1	
<i>levobunolol hcl</i>		1	
<i>methazolamide tablet</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
<i>timolol maleate drops, -gel-forming solution</i>		1	
TRAVATAN Z	<i>travoprost</i>	2	

### OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-poly-hc eye drops</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	<i>tobramycin/lotepred etab</i>	2	

### OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone sodium phosphate drops</i>		1	
<i>fluorometholone suspension drops</i>		1	
FML S.O.P.	<i>fluorometholone</i>	2	
PRED MILD	<i>prednisolone acetate</i>	2	
<i>prednisolone acetate suspension drops</i>		1	
<i>prednisolone sodium phosphate drops</i>		1	

### OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>aktob</i>		1	
AZASITE	<i>azithromycin</i>	2	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
<i>ciprofloxacin hcl drops</i>		1	
<i>erythromycin ointment</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>gentak</i>		1	
<i>gentamicin sulfate drops</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin 0.3% eye drops</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium drops</i>		1	
<i>tobramycin sulfate drops</i>		1	
<i>tobrasol</i>		1	
VIGAMOX	<i>moxifloxacin</i>	2	

## OTHER OPHTHALMIC DRUGS

<i>ak-con</i>		1	
<i>azelastine hcl drops</i>		1	
BOTOX [INJ]	<i>botulinum toxin a</i>	2	[PAR]
<i>bromfenac sodium</i>		1	
<i>cromolyn sodium drops</i>		1	
<i>diclofenac sodium drops</i>		1	
<i>epinastine hcl</i>		1	
<i>flurbiprofen sodium</i>		1	
<i>ketorolac tromethamine drops</i>		1	
NATACYN	<i>natamycin</i>	2	
<i>parcaine</i>		1	
<i>proparacaine hcl drops</i>		1	
RESTASIS	<i>cyclosporine</i>	2	[QLL, 60 vials/30]
<i>trifluridine</i>		1	
<i>tropicamide drops</i>		1	
ZIRGAN	<i>ganciclovir</i>	2	

## RESPIRATORY MEDICATIONS

### ANTIHISTAMINES

<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl 1 mg/1 ml soln, -1 mg/ml soln, -5 mg/5 ml syrup</i>		1	
<i>cetirizine hcl 1 mg/ml syrup</i>		1	
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>		1	

Drug	Generic	Tier	Requirements/ Limits
<i>cyproheptadine hcl syrup, -tablet</i>		1	[PAR]
<i>dexchlorpheniramine maleate</i>		1	[PAR]
<i>diphenhydramine 50 mg capsule, -elixir</i>		1	[PAR]
<i>diphenhydramine hcl injection [INJ]</i>		1	
<i>fexofenadine hcl 180 mg tablet</i>		1	[QLL, 34/34]
<i>fexofenadine hcl 30 mg tablet, -60 mg tablet</i>		1	[QLL, 68/34]
<i>levocetirizine dihydrochloride</i>		1	[QLL, 34/34]
<i>palgic</i>		1	
<i>promethazine hcl injection [INJ]</i>		1	
<i>promethazine hcl syrup, -tablet</i>		1	[PAR]

### BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate nebs, -solution non-oral, -vial nebulizer</i>		1	[PAR]
<i>albuterol sulfate syrup, -tablet, -tablet sustained release 12hr</i>		1	
FORADIL	<i>formoterol fumarate</i>	2	[QLL, 120/34]
<i>metaproterenol sulfate syrup, -tablet</i>		1	
PROAIR HFA	<i>albuterol</i>	2	[QLL, 26 gm/34]
PROVENTIL HFA	<i>albuterol</i>	2	[QLL, 20 gm/34]
SEREVENT DISKUS	<i>salmeterol</i>	2	[QLL, 120 doses/34]
<i>terbutaline sulfate injection [INJ]</i>		1	
<i>terbutaline sulfate tablet</i>		1	

### LEUKOTRIENE MODIFIERS

SINGULAIR	<i>montelukast sodium</i>	2	
<i>zafirlukast</i>		1	
ZYFLO CR	<i>zileuton</i>	2	

### METHYL XANTHINE DRUGS

<i>aminophylline injection [INJ]</i>		1	
<i>aminophylline tablet</i>		1	
<i>theochron</i>		1	
<i>theophylline</i>		1	
<i>theophylline anhydrous tablet sustained release 12hr</i>		1	

### OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[PAR] [QLL, 120 doses/30]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[PAR] [QLL, 24 gm/34]

Drug	Generic	Tier	Requirements/ Limits
ASMANEX TWISTHALER 110 MCG #30, -TWISTHALER 110 MCG #7, -TWISTHALER 220 MCG #30	<i>mometasone</i>	2	[QLL, 60 doses/30]
ASMANEX TWISTHALER 220 MCG #14	<i>mometasone</i>	2	[QLL, 14 doses/14]
ASMANEX TWISTHALER 220 MCG #60	<i>mometasone</i>	2	[QLL, 120 doses/30]
ASMANEX TWISTHALR 220 MCG #120	<i>mometasone</i>	2	[QLL, 240 doses/30]
ATROVENT HFA	<i>ipratropium</i>	2	[QLL, 26 gm/34]
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[QLL, 44 gm/34]
<i>cromolyn sodium ampul for nebulization</i>		1	[PAR]
<i>epinephrine 0.1 mg/ml syringe [INJ]</i>		1	
EPINEPHRINE 0.15 MG AUTO-INJCT, -0.3 MG AUTO-INJECT [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4/2]
EPIPEN [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
EPIPEN JR [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
GASTROCROM	<i>cromolyn</i>	2	
<i>ipratropium bromide solution non-oral</i>		1	[PAR]
QVAR	<i>beclomethasone</i>	2	[QLL, 22 gm/34]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL, 60 capsules/30]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[PAR] [QLL, 20 gm/34]
XOLAIR [INJ][LA]	<i>omalizumab</i>	3	[PAR] [QLL, 6 vials/28]

## OTHER RESPIRATORY DRUGS

ARALAST NP [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PROLASTIN [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PROLASTIN C [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PULMOZYME	<i>deoxyribonuclease</i>	3	[PAR]

## UROLOGICAL MEDICATIONS

### ANTICHOLINERGIC ANTISPASMODICS

ENABLEX	<i>darifenacin hydrobromide</i>	2	[ST]
<i>flavoxate hcl</i>		1	
<i>oxybutynin chloride syrup, -tablet</i>		1	
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>		1	

<b>Drug</b>	<b>Generic</b>	<b>Tier</b>	<b>Requirements/ Limits</b>
<i>oxybutynin cl er 5 mg tablet</i>		1	[QLL, 34/34]
SANCTURA XR	<i>trospium chloride</i>	2	[ST]
<i>trospium chloride</i>		1	

### **CHOLINERGIC STIMULANTS**

<i>bethanechol chloride tablet</i>		1	
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### **OTHER GENITOURINARY PRODUCTS**

CYSTADANE	<i>betaine hcl</i>	2	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride</i>		1	
<i>neomycin-polymyxin b [INJ]</i>		1	
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>tamsulosin hcl</i>		1	

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